


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90253 030 \*\*\*150.00

<b>DOCUMENT # P98000031461</b> 1. Entity Name <b>CAR PLAZA OF PLANTATION, INC.</b>					
Principal Place of Business <b>600 N STATE RD 7 PLANTATION, FL 33317</b>			Mailing Address <b>8360 WEST OAKLAND PARK BLVD SUITE 201 SUNRISE, FL 33351</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0883081</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARIE MREJEN, P.A. 701 W CYPRESS CREEK RD SUITE 302 FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KADOCH, DAVID</b> <b>8360 WEST OAKLAND PARK BLVD SUITE 201</b> <b>SUNRISE, FL 33351</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mendiola, Jose</b> <b>2425 NW 139th Ave</b> <b>Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>YARNELL, KEITH</b> <b>2150 NW 12TH STREET</b> <b>DELRAY BEACH, FL 33445</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kadoch, Michael</b> <b>1250 NW Flamingo Rd</b> <b>Plantation, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV <input checked="" type="checkbox"/> Delete <b>MENDIOLA, JOSE</b> <b>1431 SW 82 AVE</b> <b>PLANTATION, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Forester, Bruce</b> <b>4045 Sheridan Ave</b> <b>North Miami, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete <b>ZOUR, ISRAEL</b> <b>12700 BISCAYNE BLVD</b> <b>NORTH MIAMI, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> <u>Bruce J. Forester</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>26 APRIL 2004</b> Date		
			<b>954-749-2030 x.161</b> Daytime Phone #		

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